

ECS Configuration Change Request

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CCR No. 96-0652	Logged Date 6/17/96	Rev.	Request Type
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B	Change Class II	
Title Install PEER Networks PATROL SNMP Agent Development Kit on relbhpms			
Documents Affected		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem PEER Networks PATROL SNMP Agent Development Kit needs to be installed on relbhpms. Release B MSS requires the installation of this master agent development kit to evaluate the new capabilities of version 2.2. The kit needs to be installed within Clearcase to be accessible from other machines.			
Proposed Solution Install PEER Networks PATROL SNMP Agent Development Kit on relbhpms in /ecs/formal/MSS/REL_B/COTS/peer.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>Edward Feinstein</u> _____ Signature _____ Date _____			
Office MSS Release <u>B</u> Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			

